

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: IA**  
**APPLICATION YEAR: 2011**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2011**

*[Secs. 504 (d) and 505(a)(3)(4)]*

**STATE: IA**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 2,070,197 ( 31.71%)

B.Children with special health care needs:

\$ 2,191,288 ( 33.56%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 606,538 ( 9.29%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 6,528,937

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 5,399,077

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 4,537,311

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 300,000

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 5,035,775

\$ 10,236,388

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 16,765,325

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 180,042

j. Education: \$ 157,317

k. Other: \$ 0

Autism \$ 210,516

CCC- SAMHSA \$ 2,090,231

Early ACCESS- CHSC \$ 1,021,670

ECCS -HRSA \$ 132,000

Family Planning \$ 1,345,021

Family to Family \$ 95,700

Newborn Scrn Surv \$ 115,100

Newborn Scrn- CHSC \$ 299,938

Project Connect - DV \$ 200,000

Project LAUNCH \$ 850,000

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 6,797,535

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 23,562,860

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: IA**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 6,737,839	\$ 6,774,579	\$ 6,760,133	\$ 7,599,309	\$ 6,579,555	\$ 6,445,029
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 830,778	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 5,164,902	\$ 5,360,295	\$ 5,370,734	\$ 5,699,923	\$ 6,030,199	\$ 6,325,906
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 1,701,976	\$ 1,597,761	\$ 3,343,676	\$ 2,987,578	\$ 4,558,006	\$ 4,698,813
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 320,000	\$ 491,997	\$ 400,000	\$ 522,668	\$ 600,000	\$ 0
<b>7. Subtotal</b>	\$ 14,755,495	\$ 14,224,632	\$ 15,874,543	\$ 16,809,478	\$ 17,767,760	\$ 17,469,748
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 2,438,483	\$ 2,555,706	\$ 1,331,547	\$ 2,245,452	\$ 2,337,500	\$ 3,239,481
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 17,193,978	\$ 16,780,338	\$ 17,206,090	\$ 19,054,930	\$ 20,105,260	\$ 20,709,229
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: IA**

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 6,512,104	\$ 5,829,198	\$ 6,529,540	\$	\$ 6,528,937	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 5,293,246	\$ 7,094,149	\$ 5,057,930	\$	\$ 5,399,077	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 5,486,806	\$ 4,449,314	\$ 4,527,575	\$	\$ 4,537,311	\$
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 1,000,000	\$ 1,079,449	\$ 650,000	\$	\$ 300,000	\$
<b>7. Subtotal</b>	\$ 18,292,156	\$ 18,452,110	\$ 16,765,045	\$ 0	\$ 16,765,325	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 4,437,528	\$ 4,991,800	\$ 4,948,550	\$	\$ 6,797,535	\$
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 22,729,684	\$ 23,443,910	\$ 21,713,595	\$ 0	\$ 23,562,860	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Variance (reduction) in expenditures is primarily related to unanticipated full expenditure of these Title V funds in FFY '08. The projected carry forward funds were intended to support local MH agencies. Consequently, local maternal health and state system level bureau maternal health funding was reduced mid year.
2. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
State funds expenditures increased to paratially compensate for the reduction in available federal funds resulting from errors in prior estimates of unobligated funds.
3. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Expenditures originally budgeted for state match were not available for match, but instead are reported as Other Federal/State expenditures.
4. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Dental, CHSC and CH under
5. **Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Funds originally budgeted as program income were subsequently eligible to be claimed as state match. Third party payor receipts for direct care claimed as state match are reported in the amount of \$845,765.
6. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Iowa received ARRA funds from the Department of Education- Early ACCESS program at IDPH and CHSC in 2009. CHSC also received Autism funding that was not budgeted for.
7. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
The other federal funds is expenditure is greater budgeted numbers because of several grants that were received but not budgeted for.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: IA**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 2,458,686	\$ 2,257,898	\$ 1,857,583	\$ 1,936,580	\$ 1,824,266	\$ 1,823,426
b. Infants < 1 year old	\$ 297,057	\$ 301,340	\$ 321,888	\$ 295,055	\$ 335,848	\$ 316,143
c. Children 1 to 22 years old	\$ 6,496,444	\$ 5,638,435	\$ 8,076,050	\$ 7,551,603	\$ 8,102,484	\$ 9,587,283
d. Children with Special Healthcare Needs	\$ 4,973,785	\$ 5,568,672	\$ 5,067,467	\$ 6,552,534	\$ 6,900,407	\$ 5,185,446
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 529,523	\$ 458,287	\$ 551,555	\$ 473,706	\$ 604,755	\$ 557,450
g. SUBTOTAL	\$ 14,755,495	\$ 14,224,632	\$ 15,874,543	\$ 16,809,478	\$ 17,767,760	\$ 17,469,748
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 318,198		\$ 318,198		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 160,000		\$ 160,000		\$ 160,000	
j. Education	\$ 165,913		\$ 165,913		\$ 165,913	
k. Other						
ECCS	\$ 0		\$ 140,000		\$ 140,000	
Family Planning	\$ 1,146,790		\$ 0		\$ 1,127,882	
Medical Home	\$ 277,777		\$ 307,607		\$ 300,000	
Newborn Hearing	\$ 0		\$ 0		\$ 139,829	
Perinatal Depression	\$ 0		\$ 0		\$ 203,876	
Newborn Screen CHSC	\$ 0		\$ 139,829		\$ 0	
ECCS grant	\$ 140,000		\$ 0		\$ 0	
EHDI - MCHB	\$ 129,805		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 2,438,483		\$ 1,331,547		\$ 2,337,500	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: IA**

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,690,006	\$ 1,510,250	\$ 1,551,053		\$ 1,688,581	
b. Infants < 1 year old	\$ 332,114	\$ 236,537	\$ 292,566		\$ 303,163	
c. Children 1 to 22 years old	\$ 9,331,884	\$ 9,938,681	\$ 9,653,433		\$ 9,403,585	
d. Children with Special Healthcare Needs	\$ 6,311,739	\$ 6,156,856	\$ 4,661,399		\$ 4,763,458	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 626,413	\$ 609,786	\$ 606,594		\$ 606,538	
g. SUBTOTAL	\$ 18,292,156	\$ 18,452,110	\$ 16,765,045	\$ 0	\$ 16,765,325	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 149,849		\$ 189,000		\$ 180,042	
j. Education	\$ 165,913		\$ 153,333		\$ 157,317	
k. Other						
Autism	\$ 0		\$ 0		\$ 210,516	
CCC- SAMHSA	\$ 0		\$ 0		\$ 2,090,231	
Early ACCESS- CHSC	\$ 0		\$ 0		\$ 1,021,670	
ECCS -HRSA	\$ 0		\$ 0		\$ 132,000	
Family Planning	\$ 1,208,653		\$ 1,280,508		\$ 1,345,021	
Family to Family	\$ 0		\$ 0		\$ 95,700	
Newborn Scrn Surv	\$ 0		\$ 0		\$ 115,100	
Newborn Scrn- CHSC	\$ 0		\$ 0		\$ 299,938	
Project Connect - DV	\$ 0		\$ 0		\$ 200,000	
Project LAUNCH	\$ 0		\$ 0		\$ 850,000	
CDC EHDI	\$ 0		\$ 180,042		\$ 0	
CDC Screening Surv	\$ 0		\$ 150,000		\$ 0	
CDC Stillbirth	\$ 0		\$ 300,000		\$ 0	
ECCS	\$ 105,000		\$ 105,000		\$ 0	
Family to Family Inf	\$ 0		\$ 95,700		\$ 0	
HRSA EHDI	\$ 0		\$ 174,967		\$ 0	
HRSA Family Particip	\$ 0		\$ 130,000		\$ 0	
SAMSHA CHSC						



	\$ <u>0</u>	\$ <u>2,090,000</u>	\$ <u>0</u>
Family Participation	\$ <u>128,000</u>	\$ <u>0</u>	\$ <u>0</u>
Medical Home	\$ <u>132,000</u>	\$ <u>0</u>	\$ <u>0</u>
Newborn Hearing	\$ <u>180,000</u>	\$ <u>0</u>	\$ <u>0</u>
SAMHSA Beh. Health	\$ <u>2,108,113</u>	\$ <u>0</u>	\$ <u>0</u>
TOHSS Oral Health	\$ <u>160,000</u>	\$ <u>0</u>	\$ <u>0</u>
<b>III. SUBTOTAL</b>	\$ <u>4,437,528</u>	\$ <u>4,948,550</u>	\$ <u>6,797,535</u>

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Variance(reduction) in expenditures is primarily related to unanticipated full expenditure of these Title V funds in FFY '08. The projected carry forward funds were intended to support local MH agencies. Consequently, local maternal health and state system level bureau maternal health funding was reduced mid year.
- 2. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Variance is primarily related to unanticipated full expenditure of Title V carry over from FFY '08 budgeted to support local MCH agencies. Consequently, local maternal health and state system level bureau infant health funding was reduced mid year.
- 3. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Increase in expenditures over budget are primarily attributable to unanticipated increases in state appropriations for immunization (budget = \$260,608, actual= \$706,768) and lead poisoning prevention (budget = \$121,000, actual = \$651,224).
- 4. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Expenditures significantly less than budget are attributable to several factors related to the budget for child with special needs: 1) SAMHSA funds in the amount of \$1,453,719 were incorrectly loaded in this portion of the budget; Expenditures are reported on Form 2, Item # 9 "Other Federal Funds". This accounts for 50% of the variance (\$1,4543,719). 2) Loss of FFY 2008 funds from Megellan Behavioral Health. 3) Redistribution of Title V and state match CSHCN funds to Direct Care.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: IA**

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 3,971,482	\$ 4,261,128	\$ 4,231,828	\$ 4,932,475	\$ 4,824,423	\$ 5,420,687
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,145,766	\$ 4,013,298	\$ 4,062,622	\$ 4,610,345	\$ 5,487,762	\$ 3,533,548
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,731,221	\$ 1,634,829	\$ 1,835,042	\$ 1,789,479	\$ 1,274,544	\$ 2,337,058
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,907,026	\$ 4,315,377	\$ 5,745,051	\$ 5,477,179	\$ 6,181,031	\$ 6,178,455
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 14,755,495	\$ 14,224,632	\$ 15,874,543	\$ 16,809,478	\$ 17,767,760	\$ 17,469,748

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: IA**

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 5,144,406	\$ 5,122,100	\$ 4,514,281	\$	\$ 4,332,382	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,495,951	\$ 4,214,826	\$ 3,746,664	\$	\$ 3,930,801	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,329,140	\$ 3,035,052	\$ 2,058,340	\$	\$ 1,970,058	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,322,659	\$ 6,080,132	\$ 6,445,760	\$	\$ 6,532,084	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 18,292,156	\$ 18,452,110	\$ 16,765,045	\$ 0	\$ 16,765,325	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Funds originally budgeted as Program Income were subsequently eligible to be claimed as state match. Third party payor receipts for Direct Care claimed as state match are reported in the amount of \$845,765.
- 2. Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Expenditures significantly less than budget are attributable to several factors related to the budget for child with special needs: 1) SAMHSA funds in the amount of \$1,453,719 were incorrectly loaded in this portion of the budget; Expenditures are reported on Form 2, Item # 9 "Other Federal Funds". This accounts for 50% of the variance (\$1,454,371). 2) Loss of FFY 2008 funds from Megellan Behavioral Health. 3) Redistribution of Title V and state match CSHCN funds to Direct Care.
- 3. Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Variance (reduction) in expenditures is primarily related to unanticipated full expenditure of these Title V funds in FFY '08. The projected carry forward funds were intended to support local MCH agencies. Consequently, local maternal health and state system level bureau maternal child health funding was reduced mid year. This resulted in a 60% reduction in population based services provided by local Title V agencies.
- 4. Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Increase in expenditures over budget are primarily attributable to unanticipated increases in state appropriations for immunization (budget = \$260,608, actual= \$706,768) and lead poisoning prevention (budget = \$121,000, actual = \$651,224). Both programs are Child Health population based services.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: IA**

**Total Births by Occurrence:** 39,570

**Reporting Year: 2009**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	39,513	99.9	360	3	3	100
Congenital Hypothyroidism	39,513	99.9	300	5	5	100
Galactosemia	39,513	99.9	360	4	4	100
Sickle Cell Disease	39,513	99.9	0	1	1	100

**Other Screening (Specify)**

Biotinidase Deficiency	39,513	99.9	360	3	3	100
Cystic Fibrosis	39,513	99.9	0	14	14	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	39,513	99.9	34	3	3	100
Fatty Oxidation Disorders	39,513	99.9	360	4	4	100

**Screening Programs for Older Children & Women (Specify Tests by name)**

Maternal Prenatal Screening	11,076	28.0	159	0	0	
First Trimester Only	435	1.1	40	0	0	
Quad Screen	8,732	22.1	385	0	0	
Integrated Screen	1,732	4.4	58	0	0	

(1) Use occurrent births as denominator.

(2) Report only those from resident births.

(3) Use number of confirmed cases as denominator.

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Presumptive  
**Row Name:** Phenylketonuria  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
indicates the presumptive positive number for all metabolic conditions
2. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Presumptive  
**Row Name:** Galactosemia  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
indicates the presumptive positive number for all metabolic conditions
3. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_Presumptive  
**Row Name:** SickCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
No. of presumptive positive screens not reportable for sickle cell disease
4. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2011  
**Field Note:**  
No. of presumptive positive screens not reportable for sickle cell disease, only confirmed cases are reported
5. **Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2011  
**Field Note:**  
360 indicates the presumptive positive number for all metabolic conditions.  
  
0 indicates that the number of presumptive positive screens are not reportable for cystic fibrosis
6. **Section Number:** Form6\_Screening Programs for Older Children and Women  
**Field Name:** OtherWomen  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2011  
**Field Note:**  
No. of confirmed cases for maternal screens are not reportable

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: IA**

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	8,420	75.2	0.0	9.5	14.1	1.2
Infants < 1 year old	39,570	38.2	0.0	57.6	2.8	1.4
Children 1 to 22 years old	131,261	84.9	0.2	2.2	12.7	0.0
Children with Special Healthcare Needs	6,663	57.0	0.0	41.0	2.0	0.0
Others	336	32.0	1.0	57.0	10.0	0.0
<b>TOTAL</b>	<b>186,250</b>					



## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Data were obtained from the Women's Health Information System (WHIS)
2. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
This number includes the total number of infants served through the newborn screening program and local MCH agencies. Data were obtained from the eSP newborn data system and CARES child health data system.
3. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Data were obtained from CARES (Child and Adolescent Reporting System)
4. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Women served by local maternal health agencies

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: IA**

Reporting Year: 2009

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	38,956	33,643	1,766	201	925	79	321	2,021
Title V Served	8,420	6,970	563	92	115	38	0	642
Eligible for Title XIX	17,967	14,052	1,539	167	296	52	268	1,593
<b>INFANTS</b>								
Total Infants in State	39,662	34,285	1,797	203	935	79	327	2,036
Title V Served	38,885	33,629	1,750	194	894	77	311	2,030
Eligible for Title XIX	17,967	14,052	1,539	167	296	52	268	1,593

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	35,769	3,181	6	2,442	12	73	452	202
Title V Served	6,800	1,605	15	1,060	1	19	150	375
Eligible for Title XIX	15,449	2,515	3	1,973	9	55	0	478
<b>INFANTS</b>								
Total Infants in State	36,454	3,202	6	2,456	12	73	457	204
Title V Served	35,768	3,111	6	2,402	10	66	441	192
Eligible for Title XIX	15,449	2,515	3	1,973	9	55	0	478

<b>FORM NOTES FOR FORM 8</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: IA**

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name	_____	_____	_____	_____	_____
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Contact Person's Email	_____	_____	_____	_____	_____
6. Number of calls received on the State MCH "Hotline" this reporting period	_____0	_____0	_____0	_____0	_____0

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: IA**

	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 369-3826</u>	<u>(800) 369-3826</u>	<u>(800) 369-3826</u>	<u>(800) 369-3826</u>	<u>(800) 369-3826</u>
2. State MCH Toll-Free "Hotline" Name	Iowa Healthy Families Line	Iowa Healthy Families Line	Iowa Healthy Families Line	Iowa Healthy Families Line	Iowa Healthy Families Line
3. Name of Contact Person for State MCH "Hotline"	<u>Margaret VanGinkel</u>	<u>Margaret VanGinkel</u>	<u>Margaret VanGinkel</u>	<u>Margaret VanGinkel</u>	<u>Margaret VanGinkel</u>
4. Contact Person's Telephone Number	<u>(515) 331-8900</u>	<u>(515) 331-8900</u>	<u>(515) 331-8900</u>	<u>(515) 331-8900</u>	<u>(515) 331-8900</u>
5. Contact Person's Email	<u>vangin@iastate.edu</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>7,181</u>	<u>8,494</u>	<u>7,708</u>

<b>FORM NOTES FOR FORM 9</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2011**  
*[SEC. 506(A)(1)]*  
**STATE: IA**

1. State MCH Administration:  
(max 2500 characters)

The Iowa Title V Maternal and Child Health Services Block Grant program administered by the Bureau of Family Health; Division of Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health. The bureau's responsibilities include: 1) conducting a statewide needs assessment; 2) development policies, plans and programs to improve the health of women, infants, children, adolescents and families; and 3) administering family planning programs. The bureau is administratively responsible for coordinating Title V services for children and youth with special health care needs through a contract with the University of Iowa, Department of Pediatrics, Child Health Specialty Clinics.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 6,528,937
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 5,399,077
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 4,537,311
7. Program Income (Line 6, Form 2)	\$ 300,000
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 16,765,325</b>

9. Most significant providers receiving MCH funds:

Local Maternal and Child Health Agencies
Child Health Specialty Clinics
University of Iowa, University of Northern Iowa
Iowa State University

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	8,420
b. Infants < 1 year old	39,570
c. Children 1 to 22 years old	131,261
d. CSHCN	6,663
e. Others	336

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Child Health – Twenty-two local CH agencies provide education on preventive well child services to all families newly enrolled in Title XIX and ongoing care coordination for families not already served by managed care. Local agencies reach vulnerable populations and provide services regardless of funding source. In medically underserved areas of the state, agencies provide well child screening and preventive health services. Services are supported through collaborative efforts between the Dept of Human Services (DHS) (Iowa's Medicaid agency) and state and local Title V program partnerships. Child health agencies provided care to more than 158,797 children in FFY09. Maternal Health - There are 24 local maternal health agencies across the state that served 8,420 low-income pregnant women in FFY09. The agencies are essential to increasing the number of women receiving prenatal care and promoting early entry into care. Wide ranges of health education and support services are available to low-income pregnant women. Local agencies play a critical role in providing access to care for Iowa's mothers and children. CYSHCN – CHSC embraced a new vision statement "to assure a system of care for Iowa's children and youth with special health care needs". This vision treats CHSC's Clinical Services as one of four components of the service system that are each valued equally. Two additional systems components are enabling services: care coordination and family support. Competencies and standards for care coordinators and parent consultants are being developed, including implementing quality improvement throughout all care coordination functions. CHSC continues to use telemedicine to deliver nutrition services and medical and psychiatric specialty providers for rural Iowa children. Parent Consultant support has increased for children with ASD.

b. Population-Based Services:  
(max 2500 characters)

Population-based services include several initiatives to screen, identify and refer children, mother and families who are at-risk for poor health outcomes. These include developmental screening, hearing screening, dental screening, perinatal depression screening and newborn metabolic screening. Each of these initiatives includes focused strategies for health education and public awareness. Key strategies include provider education, web based resources and consumer involvement to improve culturally competent service delivery.

c. Infrastructure Building Services:  
(max 2500 characters)

Iowa's Title V program identifies emerging issues and develops public health responses to health concerns. Electronic Health Records for women's health (Women's Health Information System) and child health (Child and Adolescent Reporting System) generate data that provide critical information for informed decision-making. Local agencies collect information used to monitor needs. Statewide and community level data reports assist communities in assessing local assets, needs and services. Iowa's MCH Title V programs provide leadership for capacity building and program development. The Bureau of Family Health and Child Health Specialty Clinics work together to convene partner agencies and design creative responses to emerging issues. Examples of program and resource development include: 1) the MCHB Early Childhood Comprehensive Systems (ECCS) project; 2) the Early Hearing Detection and Intervention projects (funded by CDC and HRSA); 3) the NE Iowa Children's Mental Health Initiative System of Care project (funded by SAMHSA and co-led by the IA Dept. of Human Svcs.); 4) March of Dimes sponsored Iowa PRAMS project; 5) Project LAUNCH (funded by SAMHSA); 6) Family to Family Information Center project; 7) implementing the medical home component of Iowa's health care reform legislation; 8) Project Connect- Domestic Violence. CYSHCN - CHSC is partnering with Part C IDEA on two major projects from ARRA funds: 1) Document research implications of the effects of environmental toxins on child development and describe potential policy implications for Part C eligibility determination and procedures; 2) Study social determinants of health in Iowa and make recommendations re Part C policies and procedures. CHSC is partnering with Iowa Department of Human Services to improve system of care of children in foster care ages 0-3.

## 12. The primary Title V Program contact person:

Name	Jane Borst
Title	Chief
Address	321 East 12th Street
City	Des Moines
State	IA
Zip	50319
Phone	515-281-4911
Fax	515-242-6013
Email	jborst@idph.state.ia.us
Web	www.idph.state.ia.us

## 13. The children with special health care needs (CSHCN) contact person:

Name	Debra Waldron
Title	Director and Chief Medical Officer
Address	100 Hawkins Drive
City	Iowa City
State	IA
Zip	52242
Phone	319-384-7292
Fax	319-356-3715
Email	debra-waldron@uiowa.edu
Web	www.uihealthcare.com/CHSC



**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: IA**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	99.8	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	44	58	184	73	95
<b>Denominator</b>	44	58	184	73	95
<b>Data Source</b>				CCID and INMSP	CCID and INMSP
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer</b> <b>than 5 and therefore a 3-year moving average cannot be</b> <b>applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

FFY09 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program.

**2. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

FFY08 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program.

**3. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

FFY07 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60.6	61.3	62	65.1	66.4
Annual Indicator	58.6	58.6	64.7	64.7	64.7
Numerator	225	225			
Denominator	384	384			
Data Source				NSCSHCN	NSCSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	67.7	69.1	70.5	71.9	72
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Annual indicator value is from '05-'06 NS-CSHCN. Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the families ability to partner in decision making.

**2. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Annual indicator value is from '05-'06 NS-CSHCN. Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the families ability to partner in decision making.

**3. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
<b>Annual Performance Objective</b>	60.6	61.8	63	60.3	61.5
<b>Annual Indicator</b>	57.1	57.1	57.4	57.4	57.4
<b>Numerator</b>	413	413			
<b>Denominator</b>	723	723			
<b>Data Source</b>				NSCSHCN	NSCSHCN

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
<b>Annual Performance Objective</b>	62.7	64	65.3	66.6	
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the medical home model.

**2. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the medical home model.

**3. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Although, we did not meet the 2007 target, we are encouraged to set increasing target objectives based on the assumption that recent 2008 health care reform state legislation will have a strong positive influence on primary care providers to pursue a medical home model of care delivery.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	<u>67.7</u>	<u>71.1</u>	<u>74.7</u>	<u>72</u>	<u>73.4</u>
<b>Annual Indicator</b>	<u>64.5</u>	<u>64.5</u>	<u>68.6</u>	<u>68.6</u>	<u>68.6</u>
<b>Numerator</b>	<u>468</u>	<u>468</u>			
<b>Denominator</b>	<u>726</u>	<u>726</u>			
<b>Data Source</b>				NSCSHCN	NSCSHCN
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	<u>74.9</u>	<u>76.4</u>	<u>77.9</u>	<u>79.5</u>	
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the families ability to have adequate public and/or public insurance.

**2. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the families ability to have adequate public and/or public insurance.

**3. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Although we did not meet the 2007 target, we set increasing target objectives because of the consistently and broadly acknowledged high importance of this insurance-related outcome priority.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
<b>Annual Performance Objective</b>	82.6	84.3	86	93.8	94.7
<b>Annual Indicator</b>	77.8	77.8	92.9	92.9	92.9
<b>Numerator</b>	301	301			
<b>Denominator</b>	387	387			
<b>Data Source</b>				NSCSHCN	NSCSHCN
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer</b> <b>than 5 and therefore a 3-year moving average cannot be</b> <b>applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
<b>Annual Performance Objective</b>	95.6	96.6	97.6	98.6	
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve community-based service systems.

- Section Number:** Form11\_Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve community-based service systems.

- Section Number:** Form11\_Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Although our data source for this NPM (the National CSHCN Survey) is only repeated every five years, we felt responsible to revise and raise the annual target objectives by a modest percentage as motivation to remain involved in system development efforts designed to improve families' easy use of community-based service systems.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6.4	7	7.7	49.7	50.7
Annual Indicator	5.8	5.8	47.3	47.3	47.3
Numerator	310	310			
Denominator	5,351	5,351			
Data Source				NSCSHCN	NSCSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	51.7	52.7	53.8	54.9	
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the transition services.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the transition services.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

We are hoping that participation in a technical assistance experience will boost our Title V CSHCN Program's accomplishments for this national priority outcome.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	<u>94</u>	<u>95</u>	<u>95</u>	<u>90</u>	<u>74</u>
<b>Annual Indicator</b>	<u>94.3</u>	<u>94.6</u>	<u>88.4</u>	<u>72.8</u>	<u>72.8</u>
<b>Numerator</b>	<u>5,757</u>	<u>5,469</u>	<u>5,116</u>	<u>3,930</u>	<u>3,930</u>
<b>Denominator</b>	<u>6,105</u>	<u>5,781</u>	<u>5,786</u>	<u>5,395</u>	<u>5,395</u>
<b>Data Source</b>				PSIA report	PSIA report
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	<u>73</u>	<u>73</u>	<u>74</u>	<u>75</u>	<u>75</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

Iowa is reporting 2008 data from the PSIA report for 2009 due to lack of data. Iowa is exploring the implementation of a county level survey for immunization status data.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from the 2009 Public Sector Immunization Assessment report. The decrease in the percentage of children fully immunized between 2007 and 2008 can be attributed to a change in assessment protocol as well as the national Hib shortage.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained taken from the 2008 Public Sector Immunization Assessment report.



**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	14.7	14.7	16	15	16
Annual Indicator	16.1	16.7	15.6	16.8	15.7
Numerator	963	999	973	1,025	945
Denominator	59,906	59,906	62,364	61,192	60,016
Data Source				Vital Statistics	Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	15.2	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 Data were obtained from 2009 Vital Statistics provisional data.

**2. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from 2008 Vital Statistics provisional data.

**3. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from 2007 Vital Statistics provisional data.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	44	46	45	47	50
Annual Indicator	45.5	44.0	44.5	49.2	48.5
Numerator	15,500	15,198	15,446	17,336	16,962
Denominator	34,064	34,540	34,709	35,235	34,972
Data Source				third grade survey	third grade survey

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- 1.
- Section Number:**
- Form11\_Performance Measure #9

**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

Based upon the results of the 2009 3rd grade survey conducted by OHB, a data consultant for Iowa's Title V application used a forecast formula to estimate the sealant rate this year.

- 2.
- Section Number:**
- Form11\_Performance Measure #9

**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data was collected on the OHB sealant survey for third graders in 2008.

- 3.
- Section Number:**
- Form11\_Performance Measure #9

**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The OHB previously conducted an annual sealant survey to determine this rate for the past eight years. Based upon the results of the data collected, a careful evaluation of the statistical significance or cost effectiveness to continue the annual survey was done. A decision of repeating the survey every third year was made. The statistician for Iowa's Title V application will continue to use the forecast formula to estimate the sealant rate every other year.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5	4.1	2	4.5	3
Annual Indicator	4.4	2.1	4.6	2.9	3.1
Numerator	24	12	25	17	18
Denominator	547,627	581,387	543,571	586,749	586,749
Data Source				Vital Statistics	Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	3	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from 2009 Vital Statistics data.

2. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 Data were obtained from 2008 Vital Statistics data.

3. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from 2007 Vital Statistics data.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective		28	35	46	20
Annual Indicator	27.5	34.7	20.1	20.0	18.1
Numerator	10,496	103	2,903	2,927	2,692
Denominator	38,133	297	14,444	14,633	14,871

**Data Source**

Pediatric NSS

Pediatric NSS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	19	20	21	24	25
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

2009 data is from the 2009 Pediatric Nutrition Surveillance Survey. The data show that 18.1 percent of the 14,871 infants in the data set were breastfed at six months of age.

2. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data is from the 2008 Pediatric Nutrition Surveillance Survey. The data show that 20 percent of the 14,633 infants in the data set were breastfed at six months of age.

3. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data is from the 2007 Pediatric Nutrition Surveillance Survey. The data show that 20.1 percent of the 14,444 infants in the data set were breastfed at six months of age.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	99	98	99.8	99	99.5
Annual Indicator	95.7	97.4	98.2	98.7	98.7
Numerator	35,757	37,970	39,684	39,545	38,885
Denominator	37,360	38,996	40,414	40,052	39,404
Data Source				eSP	eSP

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	99.6	99.7	100	100	100
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data were obtained from the eSP newborn hearing screening data base. The total number screened may not include children that were not screened by the birth hospital because they were transferred to another facility before screening, missed, or the family refused. The total eligible for screening is birth by occurrence.

2. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 data were obtained from the eSP newborn hearing screening database. The total number screened may not include children that were not screened by the birthing hospital because they were transferred to another facility before screening, missed or the family refused. The total eligible for screening is birth by occurrence.

3. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

The 2007 data were obtained from the eSP newborn hearing screening data. The total number screened may not include children that were not screened by the birth hospital because they were transferred to another facility before screening, missed, or the family refused. The total eligible for screening is birth by occurrence.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5	2	2.7	2.6	2.8
Annual Indicator	2.8	2.8	2.8	2.8	2.8
Numerator	20,640	19,124	19,919	19,852	19,969
Denominator	737,212	683,000	711,403	709,000	713,155
Data Source				Household Health Survey	Household Health Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	2.8	2.5	2.5	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

The annual indicator reflects the results of the 2005 Household Health Survey as noted in previous years. It remains difficult to estimate the percent of uninsured children in Iowa. Data from the most recent (2008) Census Population Survey (CPS) conflicts with this estimate, which errors in measurement and the use of differing data sources.

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

The annual indicator reflects the results of the 2005 Household Health Survey as noted in previous years. It remains difficult to estimate the percent of uninsured children in Iowa. Data from the most recent (2007) Census Population Survey (CPS) report the uninsured rate at 4.8%, however, variations in conflicting reports suggest errors in measurement and the use of differing data sources.

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator was obtained from the 2005 Child and Family Household Health Survey data.  
 The denominator was obtained from the 2006 Census data for children <18 years.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		13	30	30	32
Annual Indicator	14.0	32.5	32.5	32.6	32.3
Numerator	9,205	9,802	9,802	10,936	11,326
Denominator	65,753	30,161	30,161	33,548	35,112
Data Source				CDC PedNSS	CDC PedNSS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	30	29.8	29.7	29.6	29.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

PedNSS data for 2009 will not be available until later this year. Data presented is projected based upon anticipated caseload. Numerators and denominators are calculated from the number of children tested by WIC, 2 to 5 years, compared with those having a Body Mass Index (BMI) at or above the 85th percentile.

2. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 2008 data are calculated from the number of children tested times the percent with BMI >85th percentile as reported in CDC PedNSS Reports.

3. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

PedNSS data for 2007 will not be available until later this year.

Numerators are calculated from the number of children tested x percent with BMI >85th percentile as reported in CDC PedNSS Reports.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective		17	18	14	14
Annual Indicator	17.9	18.0	14.9	14.5	13.6
Numerator	3,265	3,284	6,075	5,846	5,387
Denominator	18,241	18,247	40,788	40,221	39,662

**Data Source**

Vital Statistics

Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	13	12	11	10	9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 Data were obtained from 2009 Vital Statistics data.

2. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data was obtained from 2008 Vital Statistics data.

3. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data was obtained from 2007 Vital Statistics provisional data.



**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	9.8	12.7
Annual Indicator	11.0	10.6	10.1	12.9	9.7
Numerator	23	23	22	28	21
Denominator	209,303	217,268	217,502	216,795	217,380
Data Source				Vital Statistics	Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	9.5	9.4	9.3	9	9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 Data were obtained from 2008 Vital Statistics data.

**3. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from 2007 Vital Statistics provisional data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	96	96	96	97	96
Annual Indicator	94.7	94.0	94.2	95.0	93.7
Numerator	463	453	468	420	384
Denominator	489	482	497	442	410

**Data Source**

Vital Statistics

Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	97	97	97	97	97
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 Data were obtained from 2009 Vital Statistics provisional data.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from 2008 Vital Statistics provisional data.

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from 2007 Vital Statistics provisional data.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	88.6	88.7	87	80	76
Annual Indicator	87.2	86.4	77.7	75.9	74.3
Numerator	34,244	35,047	31,740	30,513	29,469
Denominator	39,255	40,564	40,835	40,221	39,662

**Data Source**

Vital Statistics

Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	77	78	79	80	81
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 Data were obtained from 2009 Vital Statistics data.

- Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from 2008 Vital Statistics data.

- Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Iowa implemented a revised birth certificate during this reporting period. The questions about entry into prenatal care was changed. Data staff are investigating the accuracy of the reporting.

Data were obtained from 2007 Vital Statistics data.



**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: IA**

**Form Level Notes for Form 11**

None

**STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR**

Percent of children served by family support programs, whose primary delivery method is a home visit, that are served through evidence-based programs.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		12	55	60	20
<b>Annual Indicator</b>	19.0	22.9	22.9	18.8	18.8
<b>Numerator</b>	11	6,815	6,815	6,634	6,634
<b>Denominator</b>	58	29,756	29,756	35,254	35,254
<b>Data Source</b>				family support programs scan	family support programs scan
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	22	24	25	27	
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

2009 Data were obtained from an environmental scan of family support programs funded through the EC system.

**2. Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 Data were obtained from an environmental scan of family support programs funded through the EC system

**3. Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from an environmental scan conducted in February of 2007 with family support programs whose primary delivery method is a home visit. The performance measure data set was change to show the most recent data on family support. The environmental scan will be updated every two years.

**STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR**

Percent of early care and education businesses who have received a training or service from a child care nurse consultant.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		1,224	1,750	35	40
<b>Annual Indicator</b>	1,182	1,717	29.7	39.6	52.4
<b>Numerator</b>			2,280	3,045	4,028
<b>Denominator</b>			7,688	7,688	7,688
<b>Data Source</b>				NCCIC Iowa profile	NCCIC Iowa profile
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	42	45	50	52	
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data from the National Child Care Information Center, State profile for Iowa: Total Number Licensed/Regulated FCCG added to the Number of Licensed/Regulated Child Care Centers

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data collected from the National Child Care Information Center, State profile for Iowa: Total Number Licensed/Regulated FCCG added to the Number of Licensed Child Care Centers. The objective changed in 2007 from the number businesses that have received training to a percentage of businesses.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the Healthy Child Care Iowa encounter data and the National Child Care Information and Technical Assistance Center.

**STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR**

Percent of Medicaid enrolled children zero to five years who receive developmental evaluations.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective		7	10	12	3
Annual Indicator	8.2	4.4	4.1	2.3	3.4
Numerator	7,004	3,842	3,624	2,142	3,770
Denominator	85,386	87,979	89,419	92,966	109,932
Data Source				CMS 416 report	CMS 416 report
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	4	5	8	10	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data were obtained from the CMS 4.16 Annual EPSDT Participation Report. The previously reported denominators for fiscal year 2005-2008 has changed for this report. The difference related to revisions to the 4.16 data which are more reliable than from the previous years.

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

**STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR**

Percent of children who needed care from a specialist who received the care without problem.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
<b>Annual Performance Objective</b>		87	88	89	90
<b>Annual Indicator</b>	83.7	85.1	85.1	85.1	85.1
<b>Numerator</b>	101,929	113,046	113,046	113,046	113,000
<b>Denominator</b>	121,842	132,839	132,839	132,839	132,839
<b>Data Source</b>				2005 Child and Family Household Health Survey	2005 Child and Family
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
<b>Annual Performance Objective</b>	91	92	93	94	
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

Although our data source for this SPM (the Iowa Child and Family Household Health Survey) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve families' ease of access to specialty care. We are now engaged in plans to implement the third administration of the Iowa Child and Family Household Health Survey in 2010. If a continuing state priority, new data for this annual performance indicator should be available for the 2010 reporting year.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Although our data source for this SPM (the Iowa Child and Family Household Health Survey) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve families' ease of access to specialty care.

We are now engaged in plans to implement the third administration of the Iowa Child and Family Household Health Survey in 2010. If a continuing state priority, new data for this annual performance indicator should be available for the 2010 reporting year.

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Although our data source for this SPM (the Iowa Child and Family Household Health Survey) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve families' ease of access to specialty care.



**STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR**

Percent of children 0-3 years served by Early ACCESS (IDEA, Part C).

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		2.4	2.8	2.9	3
Annual Indicator	2.3	2.7	2.7	3.0	3.1
Numerator	2,581	2,932	3,185	3,576	3,772
Denominator	110,650	108,593	116,411	118,296	123,587
Data Source				IDEA, Part C Early ACCESS IMS	IDEA, Part C Early ACCESS IMS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	3.1	3.2	3.3	3.4	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data were obtained from the IDEA, Part C -Early ACCESS Information Management Systems data. Although Iowa currently meets the OSEP recommendations for percentage of the 0-3 populations enrolled in Part C, there is debate regarding possible upward revision of the enrollment rate target. In anticipation of this, we have, therefore, set progressively higher annual performance target objectives.

**2. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from the IDEA, Part C -Early ACCESS Information Management Systems data. Although Iowa currently meets the OSEP recommendations for percentage of the 0-3 populations enrolled in Part C, there is debate regarding possible upward revision of the enrollment rate target. In anticipation of this, we have, therefore, set progressively higher annual performance target objectives.

**3. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the IDEA, Part C - Early ACCESS Information Management Systems data.

Although Iowa currently meets the OSEP recommendations for percentage of the 0-3 populations enrolled in Part C, there is debate regarding possible upward revision of the enrollment rate target. In anticipation of this, we have, therefore, set progressively higher annual performance target objectives.

**STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR**

Percent of Iowa counties that have at least one participating targeted community in the CDC nutrition and physical activity obesity prevention project.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		15	18	24	38
Annual Indicator	12.1	18.2	12.1	36.4	38.4
Numerator	12	18	12	36	38
Denominator	99	99	99	99	99
Data Source				Iowans Fit for Life	Iowans Fit for Life
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>40</u>	<u>45</u>	<u>48</u>	<u>50</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 2009 Data were obtained from the IDPH – Iowans Fit for Life Project.
- Section Number:** Form11\_State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 2008 Data were obtained from the IDPH – Iowans Fit for Life Project.
- Section Number:** Form11\_State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from the IDPH - Fit for Life Project.

**STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR**

Percent of Medicaid enrolled children ages 9-35 months receiving a blood lead test.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective		60	68	68	69
Annual Indicator	57.5	67.2	61.4	68.5	73.9
Numerator	11,768	12,251	13,281	15,532	17,884
Denominator	20,474	18,242	21,620	22,682	24,191
Data Source				STELLAR and Medicaid data match	STELLAR and Medicaid data match
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	70	70	70	70	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data were obtained from the STELLAR and Medicaid data match conducted by the IDPH Bureau of Lead Poisoning Prevention.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from the STELLAR and Medicaid data match conducted by the IDPH Bureau of Lead Poisoning Prevention.

**3. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the STELLAR and Medicaid data match conducted by the IDPH Bureau of Lead Poisoning Prevention.

**STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR**

Percent of Medicaid enrolled children ages 1-5 years who receive dental services.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		38	38	40	47
Annual Indicator	37.0	38.4	42.1	45.2	50.5
Numerator	27,646	29,413	32,808	36,642	44,760
Denominator	74,672	76,637	77,889	81,033	88,715
Data Source				CMS 416 report	CMS 416 report
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>49</u>	<u>50</u>	<u>51</u>	<u>52</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 Data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

**2. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

**3. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

**STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR**

Rate (per 1,000 births) of infant deaths due to prematurity.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		3.2	3.1	3.1	3.1
Annual Indicator	3.2	3.0	3.0	3.2	2.2
Numerator	127	121	120	128	89
Denominator	39,255	40,564	40,488	40,221	39,570
Data Source				Vital Statistics	Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>3</u>	<u>2.9</u>	<u>2.8</u>	<u>2.7</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 2009 Data were obtained from 2009 Vital Statistics provisional data.
- Section Number:** Form11\_State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 2008 Data were obtained from 2008 Vital Statistics provisional data.
- Section Number:** Form11\_State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from provisional 2007 Vital Statistics provisional data.

**STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR**

Number of professionals trained on the use of appropriate maternal depression screening tools and the available referral resources.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		600	200	1,500	750
Annual Indicator					
Numerator	150	150	1,440	784	500
Denominator	1	1	1	1	1
Data Source				Maternal Depression trainings	Maternal Depression trainings
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>750</u>	<u>750</u>	<u>750</u>	<u>750</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data were obtained from Maternal Depression trainings that were conducted in 2009. The objective was not met in part because approximately half of the trainers did not submit evaluation data from their trainings. Staff are working with trainers to make sure evaluation data is completed.

**2. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from Maternal Depression trainings that were conducted in 2008. The objective was not met in part because approximately half of the trainers did not submit evaluation data from their trainings. Staff are working with trainers to make sure evaluation data is completed.

**3. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from Maternal Depression trainings that were conducted in 2007.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: IA**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	5.8	4.9	5	5	5.5
Annual Indicator	4.9	5.1	5.5	5.6	4.5
Numerator	194	205	224	226	180
Denominator	39,255	40,564	40,835	40,221	39,662
Data Source				Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	5.3	5.1	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

2009 Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from the 2008 Vital Statistics data.

**3. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from the 2007 Vital Statistics data.



**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	3.1	2.9	2	2	2.5
Annual Indicator	2.9	2.0	2.2	2.6	3.0
Numerator	13.4	9.4	12.1	15	13.4
Denominator	4.6	4.8	5.6	5.7	4.4
Data Source				Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	2.3	2.1	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

2009 Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from the 2008 Vital Statistics data.

**3. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from the 2007 Vital Statistics data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	3.2	3.2	3.1	3.1	3.3
Annual Indicator	3.1	3.3	3.3	3.5	2.7
Numerator	122	132	134	140	106
Denominator	39,255	40,564	40,835	40,221	39,662
Data Source				Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	3.3	3.2	3.2	3.1	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data were obtained from the 2008 Vital Statistics data.

**3. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the 2007 Vital Statistics data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	1.8	1.8	1.7	1.6	1.6
Annual Indicator	1.8	1.8	2.2	2.1	1.9
Numerator	72	73	90	86	74
Denominator	39,255	40,564	40,835	40,221	39,662

**Data Source**

Vital Statistics

Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	1.6	1.5	1.5	1.4	1.4

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data were obtained from the 2008 Vital Statistics data.

**3. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the 2007 Vital Statistics data.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	8.5	8.5	8.9	8.5	9
Annual Indicator	8.3	8.9	8.6	9.2	7.6
Numerator	326	362	351	371	303
Denominator	39,255	40,564	40,835	40,221	39,662
Data Source				Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	8.8	8.6	8.4	8.2	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from the 2008 Vital Statistics data.

**3. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from the 2007 Vital Statistics data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	21	17	14.6	14.6	16.8
Annual Indicator	18.8	14.6	18.8	19.3	16.8
Numerator	96	85	102	105	99
Denominator	510,167	581,387	543,571	545,268	589,813

**Data Source**

Vital Statistics

Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	16.6	16.4	16.2	16	15.8

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from the 2009 Vital Statistics data.

**2. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from the 2008 Vital Statistics data.

**3. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from the 2007 Vital Statistics data.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: IA**

**Form Level Notes for Form 12**

None

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: IA**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

1

**Total Score:** 16

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met



## FORM NOTES FOR FORM 13

None

### FIELD LEVEL NOTES

1. **Section Number:** Form13\_Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Family members participated in Title V needs assessment process and interpretation and will oversee family support component of SPM 02 re systems of care for CYSHCN.
2. **Section Number:** Form13\_Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Family members are co-presenters at educational events and professional conferences, LEND program's pre-service education, and assist with staff orientations.
3. **Section Number:** Form13\_Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
New funding opportunities have allowed expansion of parent consultant network, including family navigation, autism spectrum disorder, and early intervention emphasis. Family to Family Health Information Center has paid parent leaders.
4. **Section Number:** Form13\_Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Emphasis on serving Latino families needing early intervention service coordination, ABA knowledge for children with ASD, and information for infants and toddlers with hearing loss have just begun. Considering economic status as a diverse culture in relationship to social determinant factors is an emerging effort at CHSC.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: IA    FY: 2011**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Lack of adoption of quality improvement methods within maternal and child health practice
2. The degree to which components of a coordinated statewide system of care for CYSHCN are implemented
3. Racial disparities in maternal and child health outcomes
4. Lack of coordinated systems of care for preconception and interconception care for high-risk and low income women
5. Barriers to access to health care, mental health care, and dental care for low-income pregnant women
6. Lack of access to preventive and restorative dental care for low-income pregnant women
7. Lack of providers to do restorative dental treatment for children age 5 years and younger
8. High proportion of children age 14 years and under experiencing unintentional injuries
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: IA

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Advancing the core public health functions and public health modernization	System capacity for MCH agencies and local and state public health systems.	Plenary speaker at a selected conference for state level and community-based public health providers.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: IA**

SP(Reporting Year) # 1

**PERFORMANCE MEASURE:**

Percent of children served by family support programs, whose primary delivery method is a home visit, that are served through evidence-based programs.

**STATUS:**

Active

**GOAL**

To increase the percent of Community Empowerment Areas that fund evidenced-based family support and parent education programs.

**DEFINITION**

Iowa is currently working on developing evidenced based criteria for Community Empowerment Areas.

**Numerator:**

Number of children being served by evidence-based family support programs, whose primary delivery method is a home visit.

**Denominator:**

Number of children served by family support programs, whose primary delivery method is a home visit.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

7-7 Increase the proportion of health care organizations that provide patient and family education.

**DATA SOURCES AND DATA ISSUES**

Family Support Environmental Scan

**SIGNIFICANCE**

Research has shown that high quality family support programs enable and empower families by enhancing and promoting individual and family capacities that support and strengthen family functioning. Family support programs and services strengthen adults in their roles as parents, nurturers, and providers.

SP(Reporting Year) # 2

**PERFORMANCE MEASURE:**

Percent of early care and education businesses who have received a training or service from a child care nurse consultant.

**STATUS:**

Active

**GOAL**

Improve the quality of health and safety in early care and education by increasing the number of early care and education providers receiving child care nurse consultant services.

**DEFINITION**

Through the Healthy Child Care Iowa Campaign, child care nurse consultants offer training and technical assistance to early learning providers.

**Numerator:**

Number of early care and education providers who receive a service from a child care nurse consultant

**Denominator:**

Number of early care and education providers in Iowa.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

none

**DATA SOURCES AND DATA ISSUES**

Healthy Child Care Iowa Encounter Data Child Care Resource and Referral Data

**SIGNIFICANCE**

Early care and education providers are responsible for the well-being of children enrolled in their facility. The health and safety of children enrolled is a prime concern. Early care and education providers need accessible health care professionals as partners to improve the health and safety components of their business. Child care nurse consultants delivering direct services (on-site consultation, face-to-face services and training) to early care and education providers help providers improve the health and safety components.



**PERFORMANCE MEASURE:**

Percent of Medicaid enrolled children zero to five years who receive developmental evaluations.

**STATUS:**

Active

**GOAL**

Assure developmental evaluations are provided to Medicaid enrolled children zero to five years.

**DEFINITION**

A development evaluation is periodic reviews of a child's development as an integrated part of a well-child examination to include a review of developmental milestones, behavior, family risk factors, and parent concerns.

**Numerator:**

The number of developmental evaluations provided to Medicaid enrolled children zero to five years during the reporting year.

**Denominator:**

The total number of Medicaid enrolled children zero to five years during the reporting year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

18-7 Treatment for children with mental health problems.

Increase the proportion of children with mental health problems who receive treatment.

**DATA SOURCES AND DATA ISSUES**

HCFA 4.16 Report Medicaid claims data: Fee for Service and Encounter data.

**SIGNIFICANCE**

Behavioral, mental health, and social-emotional problems in children have gained increasing attention and priority in the national and state public health systems in the last several years. Recent studies indicate that 12 percent to 16 percent of children experience developmental problems, but that only one-third of those children are identified in pediatric practices prior to school entry. Using state and local collaborative relationships, Iowa's Title V program has the opportunity to foster the development of a seamless and comprehensive system of screening, assessment, and referral services.

SP(Reporting Year) # <u>4</u>	
<b>PERFORMANCE MEASURE:</b>	Percent of children who needed care from a specialist who received the care without problem.
<b>STATUS:</b>	Active
<b>GOAL</b>	Assure access to pediatric specialty care for all children.
<b>DEFINITION</b>	<p>The percentage value will be obtained by dividing the numerator (defined below) by the denominator (defined below) and then multiplying the quotient by 100.</p> <p><b>Numerator:</b> Number of children who needed specialized care and received it without problem.</p> <p><b>Denominator:</b> Number of children who needed specialized care.</p> <p><b>Units:</b> 100   <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	<p>16-22 - Increase the proportion of CYSHCN who have access to a medical home.</p> <p>16-23 - Increase the proportion of Territories and States that have service systems for CYSHCN.</p>
<b>DATA SOURCES AND DATA ISSUES</b>	Data Source: Iowa Child and Family Household Health Survey conducted by the Iowa Department of Public Health, Child Health Specialty Clinics, and University of Iowa Public Policy Center. Data Issues: The data for this performance measure is based on parent report of "need" and "problem" meeting the need. There are no descriptors offered to parent survey respondents to help standardize the concepts of "need" or "problem." That the survey uses a population-based, random sample design strengthens the assumption that the responses are a valid, unbiased representation of family experience.
<b>SIGNIFICANCE</b>	Specialty care is one essential component of a comprehensive system of care for all children. Concepts of systems, medical home, and collaborative partnership manifest prominently in discussions of quality improvement and cost-effectiveness. With estimates ranging as high as 30 percent of all children having a need at some time for specialty care, access to specialists is naturally a relevant concern. Geographical inaccessibility and higher cost of specialty care remain formidable problems.

SP(Reporting Year) # 5

**PERFORMANCE MEASURE:**

Percent of children 0-3 years served by Early ACCESS (IDEA, Part C).

**STATUS:**

Active

**GOAL**

Minimize developmental delay through early intervention services for children 0-3 years.

**DEFINITION**

Early ACCESS serves children 0-3 years with a development delay of 25% or greater or a risk of development delays.

**Numerator:**

Number of children 0-3 years served by Part C - Early ACCESS.

**Denominator:**

Number of children 0-3 years.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-14 Reduce the occurrence of developmental disabilities.

**DATA SOURCES AND DATA ISSUES**

Early ACCESS data - OSEP -- OSEP recommends that EA serve 2% of children 0-3 years of age and 1% of children 0-1. A future indicator will be the success with which premature infants and children with other qualifying health conditions are served by Early ACCESS. EA data cannot currently differentiate the condition for which the child was enrolled, but that may be a possibility in the future.

**SIGNIFICANCE**

CHSC and the IDPH continue close collaboration with Early ACCESS to improve the early intervention system for children 0-3. Research has shown that for children with or at-risk for developmental delay, the earlier that intervention can be provided, the greater chance for the child's improved outcomes. By providing early intervention services to the child and family at the earliest possible time, potential later costs to society can be reduced.

**PERFORMANCE MEASURE:**

Percent of Iowa counties that have at least one participating targeted community in the CDC nutrition and physical activity obesity prevention project.

**STATUS:**

Active

**GOAL**

Improve physical fitness of children and adolescents by achieving the following: 1. Seventy-five percent of Iowa children and adolescents in targeted communities will be physically active for 30 minutes daily and moderately active for 60 minutes daily by January 2010. 2. Seventy-five percent of Iowa children and adolescents in targeted communities will limit screen time to no more than two hours daily by January 2010. 3. Seventy-five percent of Iowa children and adolescents in targeted

**DEFINITION**

Counties participating in the Fit for Life target interventions.

**Numerator:**

Number of Iowa Counties participating in the CDC nutrition and physical activity obesity prevention project.

**Denominator:**

Number of Iowa Counties.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

22-6 Increase the proportion of adolescents who engage in moderate physical activity for 30 minutes.

22-18 Increase the proportion of adolescents who view tv two or fewer hours on a school day.

**DATA SOURCES AND DATA ISSUES**

The data source will be the evaluation component of the CDC nutrition and physical activity obesity prevention grant. This information will be collected in the targeted communities.

**SIGNIFICANCE**

According to the "2002 CDC Pediatric Nutrition Surveillance System," 30 percent of low-income children aged 2-5 years in Iowa are overweight or at risk of becoming overweight and 61 percent of Iowa adults are overweight or obese. In Iowa, the obesity rate in adults has increased by 70 percent from 1990 to 2002.

**PERFORMANCE MEASURE:**

Percent of Medicaid enrolled children ages 9-35 months receiving a blood lead test.

**STATUS:**

Active

**GOAL**

Increase the percent of Medicaid enrolled children age 9 – 35 months receiving a blood lead test.

**DEFINITION**

The measure of children receiving a blood lead test is identified as a proxy measure for the quality of primary care provide for children.

**Numerator:**

Number of Medicaid enrolled children ages 9-35 months who have received a blood lead test.

**Denominator:**

Number of Medicaid enrolled children ages 9-35 months.

**Units:** 100 **Text:** Percent**HEALTHY PEOPLE 2010 OBJECTIVE**

8-11: Eliminate elevated blood lead levels in children.

**DATA SOURCES AND DATA ISSUES**

STELLAR (Systematic Tracking of Elevated Lead Levels and Remediation) and Medicaid data match conducted by the IDPH Bureau of Lead Poisoning Prevention - Data on blood lead screening is based upon birth cohorts for children age 9–35 mo. of age. A birth cohort includes children who were born in a given calendar year. The indicator demonstrates the percent of children in this age range who were on Medicaid at some time and received a blood lead test. Children enrolled in Medicaid include those enrolled for at least one month. A child in a given birth cohort must be tested at the age of 9 to 35 months to be counted. The Medicaid population is most vulnerable because the prevalence of lead poisoning in Medicaid children is 2.5 times the prevalence of lead poisoning in non-Medicaid children. Federal and Iowa law require Medicaid children to be tested, and these children have a source of payment for the test.

**SIGNIFICANCE**

Comprehensive health screening services for children include a blood lead test according to a plan developed by IDPH. This plan is consistent with guidance from the AAP, the AAPF, and the CDC. Iowa's screening plan states that all children should be tested for lead at age 12 and 24 mos., and high risk children should be tested at ages 18 mo., 3, 4, and 5 yrs. Iowa law requires that Medicaid children be tested at these ages. The Bureau of Lead Poisoning Prevention assesses rates for children 9-35 mos. of age. Childhood lead poisoning has major effects on the health of children and on community health. Lead has adverse effects on nearly all organ systems, especially on the developing brain and nervous system. At blood lead levels as low as 10 mcg/dl, children's intelligence, hearing, and growth are affected. In a community, the presence of lead-poisoned children can be linked with an increase in the number of children with developmental delays. The presence of lead-poisoned children requires substantial community public health resources for medical and environmental case management services. Most of Iowa's pre-1950 homes contain lead-based paint. Young children who live in pre-1950 homes become lead poisoned when they ingest paint chips, house dust, or exterior soil. Most lead-poisoned children show no visible symptoms, magnifying the importance of having a program to prevent childhood lead poisoning

SP(Reporting Year) # 8

**PERFORMANCE MEASURE:**

Percent of Medicaid enrolled children ages 1-5 years who receive dental services.

**STATUS:**

Active

**GOAL**

Assure access to oral health care for low-income children in Iowa.

**DEFINITION**

Children ages 1-5 years old who are enrolled in Medicaid, will have access to dental services.

**Numerator:**

Number of Medicaid enrolled children 1-5 years who receive a dental service.

**Denominator:**

Number of Medicaid enrolled children 1-5 years.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-1 Reduce the proportion of children and adolescents who have dental caries experience in their pr

21-2 Reduce the proportion of children, adolescents, and adults with untreated dental decay.

21-10 Increase the proportion of children and adults who use the oral health care system each year.

21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

**DATA SOURCES AND DATA ISSUES**

HCFA 4.16 Report

**SIGNIFICANCE**

Access to oral health care for children was rated within the top ten priorities of the 2005 Iowa Department of Public Health Maternal and Child Health Needs Assessment. Access to dental care for low-income families is limited due to a number of barriers. These include: lack of financial resources to pay for care, lack of knowledge of importance of good oral health, lack of dentists willing to see children under the age of three, shortage of dentists participating in the Medicaid program, shortage of dentists within the state, and issues of patient compliance.

SP(Reporting Year) # 9

**PERFORMANCE MEASURE:**

Rate (per 1,000 births) of infant deaths due to prematurity.

**STATUS:**

Active

**GOAL**

Reduce the rate of infant deaths due to prematurity

**DEFINITION**

Prematurity is defined as delivery before 37 weeks gestational and/or infant weighing 1,000-2,499 grams.

**Numerator:**

Number of infant deaths of pre-term infants.

**Denominator:**

Number of infants (per 1,000) in Iowa.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1 Reduce fetal and infant deaths.

16-11 Reduce preterm births.

**DATA SOURCES AND DATA ISSUES**

Vital Statistics Data

**SIGNIFICANCE**

No State can afford not to address infant mortality. Nationally the infant mortality rates have climbed from 6.7/1000 to 7.0/1000. Provisional data for calendar year 2004 point to a potential decrease in the Iowa rate of infant mortality per 1,000 births, from 5.7 in 2003 to 5.0 in 2004.

**PERFORMANCE MEASURE:**

Number of professionals trained on the use of appropriate maternal depression screening tools and the available referral resources.

**STATUS:**

Active

**GOAL**

Increase the number of professionals trained on use of appropriate maternal depression screening tools.

**DEFINITION**

Assure pregnant and parenting women are screened and referred to appropriate mental health services.

**Numerator:**

Number of professionals trained on maternal depression screening tools.

**Denominator:**

Number of professionals trained

**Units:** Yes **Text:** Text

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-5

Reduce maternal illness and complications due to pregnancy.

**DATA SOURCES AND DATA ISSUES**

University of Iowa Center for Depression and Clinical Research and Iowa Department of Public Health Provider Survey.

**SIGNIFICANCE**

Depression is considered an underreported problem. Women report a reluctance to discuss their emotions during the perinatal period due to the perceived stigma associated with it. Many women do not realize that they are suffering from a treatable condition and are often left to deal with the problem on their own. Without appropriate treatment, perinatal depression can dramatically affect women and their families. Data from prenatal care surveys indicate the extent of the problem in Iowa. Over 15 percent of postpartum women completing a survey on their second postpartum day report feeling sad or miserable in the two weeks prior to completing the survey. Health care providers in Iowa indicate that they understand the importance of early screening and identification of perinatal depression. However, they are reluctant to screen and identify clients who may be at-risk for depression, because of the providers' lack of awareness of available resources for client interventions. The Iowa Department of Public Health and the University of Iowa Center for Depression and Clinical Research will be collecting data in the next year to determine the baseline.



**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: IA**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	48.4	42.7	42.9	28.1	36.0
Numerator	875	820	841	565	734
Denominator	180,755	192,055	195,916	201,321	203,997

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 The 2009 data were obtained from the Iowa Hospital Association.
- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 The 2008 data were obtained from the Iowa Hospital Association.
- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 The 2007 data were obtained from the Iowa Hospital Association.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>94.6</u>	<u>95.5</u>	<u>88.3</u>	<u>87.9</u>	<u>89.3</u>
<b>Numerator</b>	<u>17,636</u>	<u>18,498</u>	<u>17,841</u>	<u>17,575</u>	<u>18,056</u>
<b>Denominator</b>	<u>18,639</u>	<u>19,379</u>	<u>20,200</u>	<u>20,001</u>	<u>20,225</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The 2009 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 Data were obtained from the CMS 4.16 Annual EPSDT Participation Report. Due to a change in the data collection by CMS, Iowa rates have shown a decrease. We will be working to assure that the current data collection accurately reflects the services provided in Iowa with a focus on continued steady incremental improvement.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

Due to a change in the data collection by CMS, Iowa rates have shown a decrease. We will be working to assure that the current data collection accurately reflects the services provided in Iowa with a focus on continued steady incremental improvement.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>15</u>	<u>9</u>	<u>9</u>	<u>8</u>	<u>20</u>
<b>Denominator</b>	<u>15</u>	<u>9</u>	<u>9</u>	<u>8</u>	<u>20</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from hawk-i 2009 data

- Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 Data were obtained from hawk-i data.

- Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from hawk-i 2007 data. The small number is due to financial eligibility at 185 percent poverty level. Most infants who qualify for public health insurance qualify for Medicaid.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>75.2</u>	<u>82.8</u>	<u>74.0</u>	<u>74.4</u>	<u>74.4</u>
<b>Numerator</b>	<u>29,336</u>	<u>32,539</u>	<u>29,602</u>	<u>29,431</u>	<u>29,270</u>
<b>Denominator</b>	<u>39,014</u>	<u>39,275</u>	<u>40,000</u>	<u>39,573</u>	<u>39,367</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from 2009 Vital Statistics data.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from 2008 Vital Statistics data.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Iowa implemented a revised birth certificate during this reporting period. The questions about entry into prenatal care was changed. Data staff are investigating the accuracy of the reporting.

Data were obtained from 2007 Vital Statistics data.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>63.6</u>	<u>64.9</u>	<u>44.1</u>	<u>45.0</u>	<u>47.7</u>
<b>Numerator</b>	<u>151,992</u>	<u>159,473</u>	<u>109,659</u>	<u>114,749</u>	<u>132,393</u>
<b>Denominator</b>	<u>239,068</u>	<u>245,785</u>	<u>248,599</u>	<u>255,061</u>	<u>277,541</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

- Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

- Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

Due to a change in the data collection by CMS, Iowa rates have shown a decrease. We will be working to assure that the current data collection accurately reflects the services provided in Iowa with a focus on continued steady incremental improvement.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2005	2006	<b>Annual Indicator Data</b>		
			2007	2008	2009
<b>Annual Indicator</b>	<u>52.8</u>	<u>53.7</u>	<u>54.3</u>	<u>55.5</u>	<u>59.8</u>
<b>Numerator</b>	<u>24,390</u>	<u>25,768</u>	<u>26,494</u>	<u>27,647</u>	<u>32,404</u>
<b>Denominator</b>	<u>46,216</u>	<u>47,985</u>	<u>48,795</u>	<u>49,855</u>	<u>54,165</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The 2009 data were obtained from the CMS 4.16 Annual EPSDT Participation Report

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>91.9</u>	<u>91.7</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>1,175</u>	<u>1,058</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1,278</u>	<u>1,154</u>	<u>1,150</u>	<u>1,150</u>	<u>7,000</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Denominator value is a rough estimate based on www.SSA.gov, SSI Recipients by State and County.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The Social Security Administration's (SSA) information disclosure rules and regulations continue to be under review during this reporting year. Therefore, CHSC continues to NOT receive information regarding SSI-enrollees in Iowa. In June 2009, CHSC received notice from the SSA regarding readiness to negotiate a new memorandum of agreement (or data exchange permit) to share SSI enrollment information. We expect discussions to resume later in ffy'09 or early ffy'10 resulting in a new information sharing agreement.

The denominator value is a rough estimate based on prior years when SSA shared beneficiary information.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The Iowa Title V CSHCN Program is unable to supply data for HSCI #8 because of an SSA-initiated interruption in the sharing of data regarding children < 16 years old enrolled in the SSI Program. There are apparently confidentiality-related questions that have remained unresolved since early calendar year 2007. If and when sharing of SSI enrollment data with CHSC resumes, CHSC will, in turn, resume contacting families of SSI-enrolled children to offer assistance connecting children and families to needed rehabilitative services.

Denominator value is a rough estimate based on prior years when SSA shared beneficiary information.





**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: IA**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2009	Matching data files	<u>6.5</u>	<u>6.7</u>	<u>6.6</u>
b) <i>Infant deaths per 1,000 live births</i>	2009	Matching data files	<u>4.6</u>	<u>3.3</u>	<u>3.8</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Matching data files	<u>63.6</u>	<u>80.2</u>	<u>73.7</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2009	Matching data files	<u>75.5</u>	<u>86</u>	<u>81.8</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: IA**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">300</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> )	2009	<div style="text-align: right;">133</div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">300</div>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: IA**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">300</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> )	2009	<div style="text-align: right;">300</div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">300</div>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
2009 data obtained from Medicaid/SCHIP eligibility data.
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
2009 data obtained from Medicaid/SCHIP eligibility data.
3. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
2009 data obtained from Medicaid/SCHIP eligibility data.
4. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
The data for percent of infants born to pregnant women receiving prenatal care beginning in the first trimester were obtained from 2008 data, not 2009 data which used as the NPM data source
5. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data were obtained from 2008 Vital Statistics. A program written by NCHS was used to calculate these results.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: IA**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: IA**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Other: Iowa Youth Survey	2	No
Iowa Youth Tobacco Survey	3	Yes

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: IA**

**Form Level Notes for Form 20**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	7.2	6.9	6.8	6.7	6.7
Numerator	2,829	2,814	2,795	2,683	2,674
Denominator	39,255	40,564	40,835	40,221	39,662

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data were obtained from 2009 Vital Statistics data.
- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data were obtained from 2008 Vital Statistics data.
- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from 2007 Vital Statistics data.



**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>5.4</u>	<u>5.3</u>	<u>5.1</u>	<u>4.9</u>	<u>4.9</u>
<b>Numerator</b>	<u>2,047</u>	<u>2,058</u>	<u>1,995</u>	<u>1,913</u>	<u>1,888</u>
<b>Denominator</b>	<u>37,883</u>	<u>39,152</u>	<u>39,369</u>	<u>38,737</u>	<u>38,246</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data were obtained from 2009 Vital Statistics data.
- Section Number:** Form20\_Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data were obtained from 2008 Vital Statistics data.
- Section Number:** Form20\_Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from 2007 Vital Statistics data.

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>1.4</u>	<u>1.3</u>	<u>1.3</u>	<u>1.2</u>	<u>1.1</u>
<b>Numerator</b>	<u>543</u>	<u>509</u>	<u>544</u>	<u>501</u>	<u>446</u>
<b>Denominator</b>	<u>39,255</u>	<u>40,564</u>	<u>40,835</u>	<u>40,221</u>	<u>39,662</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data were obtained from 2009 Vital Statistics data.
- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data were obtained from 2008 Vital Statistics data.
- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from 2007 Vital Statistics data.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>1.0</u>	<u>1.0</u>	<u>0.9</u>	<u>0.9</u>	<u>0.8</u>
<b>Numerator</b>	<u>377</u>	<u>374</u>	<u>357</u>	<u>346</u>	<u>310</u>
<b>Denominator</b>	<u>37,883</u>	<u>39,152</u>	<u>39,369</u>	<u>38,737</u>	<u>38,246</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data were obtained from 2009 Vital Statistics data.
- Section Number:** Form20\_Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data were obtained from 2008 Vital Statistics data.
- Section Number:** Form20\_Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from 2007 Vital Statistics data.

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2005	2006	<b>Annual Indicator Data</b>		
			2007	2008	2009
Annual Indicator	7.3	14.6	7.5	8.7	5.8
Numerator	40	85	44	51	34
Denominator	547,627	581,387	583,316	586,749	589,813

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from 2008 Vital Statistics data.

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data were obtained from 2007 Vital Statistics data.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	4.4	2.1	4.6	2.7	3.1
Numerator	24	12	25	16	18
Denominator	547,627	581,387	543,571	586,749	589,813

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from 2008 Vital Statistics data.

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from 2007 Vital Statistics data.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>35.8</u>	<u>23.8</u>	<u>26.5</u>	<u>18.7</u>	<u>15.1</u>
<b>Numerator</b>	<u>155</u>	<u>105</u>	<u>115</u>	<u>81</u>	<u>67</u>
<b>Denominator</b>	<u>433,548</u>	<u>440,689</u>	<u>433,507</u>	<u>432,262</u>	<u>444,697</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from 2009 Vital Statistics data.

**2. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from 2008 Vital Statistics data.

**3. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from 2007 Vital Statistics data.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>10,217.2</u>	<u>10,061.1</u>	<u>9,722.9</u>	<u>7,353.9</u>	<u>7,936.8</u>
<b>Numerator</b>	<u>55,952</u>	<u>58,494</u>	<u>56,715</u>	<u>43,149</u>	<u>46,812</u>
<b>Denominator</b>	<u>547,627</u>	<u>581,387</u>	<u>583,316</u>	<u>586,749</u>	<u>589,813</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data were obtained from 2009 Iowa Health Association data.
- Section Number:** Form20\_Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data were obtained from Iowa Health Association data.
- Section Number:** Form20\_Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from Iowa Health Association data.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>240.5</u>	<u>221.7</u>	<u>217.9</u>	<u>303.7</u>	<u>294.2</u>
<b>Numerator</b>	<u>1,317</u>	<u>1,289</u>	<u>1,271</u>	<u>1,782</u>	<u>1,735</u>
<b>Denominator</b>	<u>547,627</u>	<u>581,307</u>	<u>583,316</u>	<u>586,749</u>	<u>589,813</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data were obtained from 2009 Iowa Health Association data.
- Section Number:** Form20\_Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data were obtained from Iowa Health Association data.
- Section Number:** Form20\_Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from Iowa Health Association data.



**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2005	2006	<b>Annual Indicator Data</b>		
			2007	2008	2009
<b>Annual Indicator</b>	<u>1,063.3</u>	<u>1,034.1</u>	<u>1,104.9</u>	<u>1,237.2</u>	<u>1,237.7</u>
<b>Numerator</b>	<u>4,610</u>	<u>4,557</u>	<u>4,790</u>	<u>5,348</u>	<u>5,504</u>
<b>Denominator</b>	<u>433,548</u>	<u>440,689</u>	<u>433,507</u>	<u>432,262</u>	<u>444,697</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data were obtained from 2009 Iowa Health Association data.
- Section Number:** Form20\_Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data were obtained from Iowa Health Association data.
- Section Number:** Form20\_Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data were obtained from Iowa Health Association data.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2005	2006	<b>Annual Indicator Data</b>		
			2007	2008	2009
<b>Annual Indicator</b>	<u>20.9</u>	<u>21.3</u>	<u>22.1</u>	<u>24.3</u>	<u>24.4</u>
<b>Numerator</b>	<u>2,132</u>	<u>2,259</u>	<u>2,349</u>	<u>2,582</u>	<u>2,597</u>
<b>Denominator</b>	<u>102,028</u>	<u>106,102</u>	<u>106,446</u>	<u>106,081</u>	<u>106,575</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

**2. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

**3. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2005	2006	<b>Annual Indicator Data</b>		
			2007	2008	2009
<b>Annual Indicator</b>	<u>6.3</u>	<u>10.2</u>	<u>8.0</u>	<u>8.9</u>	<u>8.6</u>
<b>Numerator</b>	<u>3,131</u>	<u>4,933</u>	<u>3,817</u>	<u>4,187</u>	<u>4,069</u>
<b>Denominator</b>	<u>498,792</u>	<u>481,366</u>	<u>476,502</u>	<u>473,044</u>	<u>471,168</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

**2. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

**3. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data were obtained from the Iowa Department of Public Health STD Prevention Program.



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**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	40,742	36,744	1,580	246	1,012	37	1,123	0
Children 1 through 4	163,255	144,871	7,978	1,450	3,579	123	5,254	0
Children 5 through 9	193,469	173,104	8,718	1,656	4,090	163	5,738	0
Children 10 through 14	192,347	175,180	7,788	1,021	3,400	126	4,832	0
Children 15 through 19	217,380	199,824	8,746	1,133	3,654	110	3,913	0
Children 20 through 24	227,317	209,490	8,476	1,149	5,031	137	3,034	0
Children 0 through 24	1,034,510	939,213	43,286	6,655	20,766	696	23,894	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	37,004	3,738	0
Children 1 through 4	147,625	15,630	0
Children 5 through 9	177,198	16,271	0
Children 10 through 14	179,158	13,189	0
Children 15 through 19	205,418	11,962	0
Children 20 through 24	216,554	10,763	0
Children 0 through 24	962,957	71,553	0

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**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	30	19	4	1	0	0	1	5
Women 15 through 17	945	686	113	10	5	3	20	108
Women 18 through 19	2,473	1,944	231	31	14	6	45	202
Women 20 through 34	32,012	28,034	1,307	148	722	49	263	1,489
Women 35 or older	4,202	3,602	142	13	194	5	22	224
Women of all ages	39,662	34,285	1,797	203	935	63	351	2,028

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	23	7	0
Women 15 through 17	777	168	0
Women 18 through 19	2,156	316	1
Women 20 through 34	29,630	2,379	3
Women 35 or older	3,868	332	2
Women of all ages	36,454	3,202	6

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**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	180	152	24	0	3	0	0	1
Children 1 through 4	47	43	3	0	1	0	0	0
Children 5 through 9	21	16	5	0	0	0	0	0
Children 10 through 14	31	26	3	0	2	0	0	0
Children 15 through 19	90	80	6	0	1	0	0	3
Children 20 through 24	139	128	8	0	2	0	0	1
Children 0 through 24	508	445	49	0	9	0	0	5

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	159	21	0
Children 1 through 4	38	9	0
Children 5 through 9	18	3	0
Children 10 through 14	29	2	0
Children 15 through 19	86	4	0
Children 20 through 24	132	7	0
Children 0 through 24	462	46	0

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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	807,193	729,723	34,810	5,506	15,735	559	20,860	0	2009
Percent in household headed by single parent	29.3	26.6	73.9	78.7	4.7	0.0	60.0	0.0	2006
Percent in TANF (Grant) families	100.0	40.0	15.8	0.9	0.6	0.0	0.0	33.5	2009
Number enrolled in Medicaid	217,603	115,525	20,795	1,823	2,261	0	0	77,199	2009
Number enrolled in SCHIP	19,959	11,125	472	70	148	20	0	8,124	2009
Number living in foster home care	2,965	2,038	592	85	18	0	0	232	2009
Number enrolled in food stamp program	133,902	69,087	16,004	1,244	1,097	0	0	46,470	2009
Number enrolled in WIC	63,448	50,587	6,633	325	1,191	0	4,034	678	2009
Rate (per 100,000) of juvenile crime arrests	3,017.0	2,468.0	10,526.0	3,508.0	1,456.0	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	3.2	2.7	7.9	6.0	2.4	0.0	0.0	0.0	2009

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	746,403	60,790	0	2009
Percent in household headed by single parent	27.8	44.3	0.0	2006
Percent in TANF (Grant) families	90.8	9.2	0.0	2009
Number enrolled in Medicaid	217,603	22,901	0	2009
Number enrolled in SCHIP	19,959	1,086	0	2009
Number living in foster home care	2,965	293	0	2009
Number enrolled in food stamp program	133,902	13,421	0	2009
Number enrolled in WIC	63,448	18,157	678	2009
Rate (per 100,000) of juvenile crime arrests	2,907.0	3,294.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	3.0	5.3	0.0	2009



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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2009    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>GEOGRAPHIC LIVING AREAS</b>	<b>TOTAL</b>
Living in metropolitan areas	<u>330,192</u>
Living in urban areas	<u>242,767</u>
Living in rural areas	<u>325,650</u>
Living in frontier areas	<u>200,167</u>
<b>Total - all children 0 through 19</b>	<u><b>768,584</b></u>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	3,002,555.0
Percent Below: 50% of poverty	3.7
100% of poverty	6.6
200% of poverty	17.5

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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	807,193.0
Percent Below: 50% of poverty	4.8
100% of poverty	9.9
200% of poverty	22.3

## FORM NOTES FOR FORM 21

Data obtained from 2009 Provisional census data unless otherwise noted for a specific category.

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data obtained from Department of Human Services 2009 data.
2. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data obtained from 2009 Medicaid enrollment reports.
3. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data obtained from 2009 Medicaid enrollment reports.
4. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data obtained from Department of Human Services 2009 data.
5. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data obtained from 2009 WIC enrollment data.
6. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data obtained from 2009 Vital Statistics provisional data.
7. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data obtained from 2009 Vital Statistics provisional data.
8. **Section Number:** Form21\_Indicator 10  
**Field Name:** Metropolitan  
**Row Name:** Living in metropolitan areas  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data represents most recent available census data from 2009.
9. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_total  
**Row Name:** Total Population  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data represents most recent available census data from 2009.
10. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data represents most recent available census data from 2008.
11. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data obtained from Department of Human Services 2009 data.

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: IA**

**Form Level Notes for Form 11**

None

**STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The degree to which the state MCH Title V Program improves the system of care for mothers and children in Iowa.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____ 10	_____ 12	_____ 14	_____ 16	_____ 19
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

## STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The degree to which components of a coordinated statewide system of care for CYSHCN are implemented.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____ 26	_____ 40	_____ 50	_____ 60	_____ 70
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

### Field Level Notes

None

**STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Annual Indicator	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Numerator	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Denominator	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>                    5                    </u>	<u>                    6                    </u>	<u>                    8                    </u>	<u>                    9                    </u>	<u>                    10                    </u>
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of family planning clients (women and men) who are counseled about developing a reproductive life plan.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Annual Indicator	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Numerator	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Denominator	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>                    10                    </u>	<u>                    20                    </u>	<u>                    30                    </u>	<u>                    40                    </u>	<u>                    50                    </u>
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None



**STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The degree to which the health care system implements evidence-based prenatal and perinatal care.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	21	22	23	24	25
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

# STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of Medicaid enrolled children ages 0-5 years who receive a dental service.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	43.7	45.2	46.7	48.2	49.7
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

## Field Level Notes

None

# STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Rate of hospitalizations due to unintentional injuries among children ages 0-14 years.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	12.2	12.3	11.9	11.9	11.6
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

## Field Level Notes

None



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: IA**

**Form Level Notes for Form 12**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: IA**

SP(New for Needs Assessment cycle 2011-2015) # 1

<b>PERFORMANCE MEASURE:</b>	The degree to which the state MCH Title V Program improves the system of care for mothers and children in Iowa.
<b>STATUS:</b>	Active
<b>GOAL</b>	Improve system of care for mothers and children.
<b>DEFINITION</b>	<p>Iowa's system of care for mothers and children includes all preventive services targeting optimal health.</p> <p><b>Numerator:</b> The sum of the scores from each of the six components of the Title V Program Index.</p> <p><b>Denominator:</b> Total score possible through the Title V Program Index.</p> <p><b>Units:</b> Yes   <b>Text:</b> Text</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	A new objective to Healthy People 2020 is to increase the proportion of Tribal, State, and local public health agencies that have implemented an agencywide quality improvement process.
<b>DATA SOURCES AND DATA ISSUES</b>	Title V Program Index.
<b>SIGNIFICANCE</b>	The life course perspective suggests that a complex interplay of biological, behavioral, psychological and social protective and risk factors contributes to health outcomes across the span of a person's life. Iowa's Title V program will use the life course perspective in developing programs designed to improve optimal health outcomes.

<b>PERFORMANCE MEASURE:</b>	The degree to which components of a coordinated statewide system of care for CYSHCN are implemented.
<b>STATUS:</b>	Active
<b>GOAL</b>	85% of components of a coordinated statewide system of care for CYSCHN are implemented.
<b>DEFINITION</b>	<p>The system of care under examination are those collective process components accomplished by Child Health Specialty Clinics (CHSC), Iowa's designated Title V program for CYSHCN. CHSC has defined the coordinated statewide system of care for CYSHCN to include four components: 1. Direct clinical care 2. Care coordination 3. Family support 4. Infrastructure-building All four components are considered equally valuable.</p> <p><b>Numerator:</b> The sum of the normalized percentage scores of the four systems components.</p> <p><b>Denominator:</b> 4. Four measurement tools are used, one tool for each of the four components of the system (i.e. direct clinical care, care coordination, family support and infrastructure). Each tool reflects process measures but has a unique scoring mechanism, as described on each individual tool. CHSC staff who routinely supervise staff who perform the work related to each component, will score that component's tool annually. Quantitative results of each table will be normalized to a percentage. The normalization process converts the raw number into a percentage score. The four normalized percentage scores from the tools are averaged to produce one reportable percentage score. (See attached SPM #2 Measurement Tables and Normalization tool.)</p> <p><b>Units:</b> Yes   <b>Text:</b> Text</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	16-22 Increase the proportion of children with special health care needs who have access to a medical home. 16-23 Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems.
<b>DATA SOURCES AND DATA ISSUES</b>	Title V Program Index
<b>SIGNIFICANCE</b>	Leading researchers in MCH have noted the lack of standardized definitions of systems of care and have emphasized the importance of developing systems. A comprehensive community-based system of services for CYSHCN has not yet been implemented. Moreover, to our knowledge, there has been no consensus to date on what constitutes a system of services. The absence of a broadly accepted definition has hindered progress in implementation of a systematic approach to delivering services. (Pediatr Adolesc, Oct 2007). Systems of care recognize that the whole is greater than the sum of its parts. Synergy from a systems approach is necessary to serve more children and families in a time of declining resources.



**PERFORMANCE MEASURE:**

The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs.

**STATUS:**

Active

**GOAL**

To improve health equity for Iowa's Title V MCH populations through actively promoting and facilitating the delivery of appropriate culturally sensitive health care services.

**DEFINITION**

Health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable. Equity in health is the absence of systematic disparities in the major social determinants of health between groups with different levels of wealth, power, or prestige. Equity is an ethical principle; it is also consonant with and closely related to the principles of human rights. The proposed definition of equity supports the right of all people to the highest attainable standard of health as indicated by the health status of the most socially-disadvantaged group. Assessing health equity requires comparing health and its social determinants between more and less advantaged social groups (Braveman & Gruskin, 2003) An organizational assessment will be completed in order to establish a baseline of where Iowa's MCH Title V program is in addressing health equity and determine strategies for addressing health equity.

**Numerator:**

The sum of scores from each of the six components of the Title V Program Index.

**Denominator:**

Total score possible through the Title V Program Index.

**Units:** Yes **Text:** Text**HEALTHY PEOPLE 2010 OBJECTIVE**

None at this time. (Healthy People 2020 to include objectives on social determinants of health, which will relate to this SPM)

**DATA SOURCES AND DATA ISSUES**

Title V Program Index

**SIGNIFICANCE**

Disparities related to lack of health care access or prevention services are associated with higher morbidity and mortality rates among racial minorities (Smedley et al, 2002. Unequal Treatment. Confronting Racial and Ethnic Disparities in Health Care. The National academies Press. Washington, DC). An organizational assessment of access to services and cultural appropriate interventions will determine what strategies are needed to increase access to early intervention and prevention services for Iowa's Title V population. Addressing health equity will increase appropriate and sensitive delivery of services to Iowa's diverse populations resulting in a positive impact to health outcomes.

**PERFORMANCE MEASURE:**

Percent of family planning clients (women and men) who are counseled about developing a reproductive life plan.

**STATUS:**

Active

**GOAL**

Counsel clients in family planning clinics about reproductive life planning during initial and annual clinic visits. Expand counseling to include FP clients attending for pregnancy testing, testing for sexually transmitted diseases, those attending maternal health clinics, and when appropriate, offer counseling to each woman at each encounter.

**DEFINITION**

A reproductive life plan (RLP) is a set of goals about having or not having children. It includes how many children an individual wants to have, and when he or she wants to have them. Clients are encouraged to think about issues such as: short term and long term goals about education, work or career, living arrangements, birth control, finances, parenting, and timing and spacing of children to help achieve one's life goals. Clients should formulate a reproductive life plan that outlines personal goals about becoming pregnant based on their values and resources.

**Numerator:**

The number of clients receiving reproductive life counseling

**Denominator:**

The number of clients seen in the Family Planning Clinics

**Units:** 100 **Text:** Percent**HEALTHY PEOPLE 2010 OBJECTIVE**

9-1 Increase the proportion of pregnancies that are intended. 9-2 Reduce the proportion of pregnancies conceived within 18 months of a previous birth. 9-11 Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old.

**DATA SOURCES AND DATA ISSUES**

Ahlers and Associates Integrated Solutions Family Planning Data System

**SIGNIFICANCE**

Leading academics and researchers emphasize the importance of the life course perspective in MCH programming. The life course perspective suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health outcomes across the span of a person's life. Disparities in birth outcomes, such as low birth weight and infant mortality, are often explained by the quality and frequency of prenatal care. In contrast, the life course perspective suggests that these disparities result from differences in protective and risk factors between groups of women over the course of their lives. As a result, the health and socioeconomic status of one generation directly affects the health status of the next one. Understanding the life course perspective creates opportunities to build upon protective factors and reduce risk factors. Reproductive Life Planning fits well as part of a life course model, beginning with the impacts to the fetus from maternal nutrition and lifestyle choices and extending into childhood. There is evidence that even healthy children who are not planned may receive less nurturing and are more likely to live in poverty. Reducing teen pregnancy will promote teens' ability to complete their education and achieve economic independence.

<b>PERFORMANCE MEASURE:</b>	The degree to which the health care system implements evidence-based prenatal and perinatal care.
<b>STATUS:</b>	Active
<b>GOAL</b>	Assure evidence-based prenatal and perinatal care is being provided statewide by health care professionals.
<b>DEFINITION</b>	<p>Prenatal care is defined as the care of the women from conception to the birth of the baby. Perinatal care is defined as care of the women during labor through the postpartum period.</p> <p><b>Numerator:</b> The sum of the scores from each of the six components of the Title V Program Index</p> <p><b>Denominator:</b> Total score possible through the Title V Program Index</p> <p><b>Units:</b> Yes   <b>Text:</b> Text</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	16-6 Increase the proportion of pregnant women who receive early and adequate prenatal care.
<b>DATA SOURCES AND DATA ISSUES</b>	Title V Program Index
<b>SIGNIFICANCE</b>	As a rural state, Iowa has limited number obstetricians therefore many pregnant women are cared for by family practice physicians. In order to achieve the best birth outcomes for Iowa families it is important that health care providers implement only evidence-based prenatal and perinatal care.

**PERFORMANCE MEASURE:**

Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.

**STATUS:**

Active

**GOAL**

Increase the percent of low-income pregnant women in Iowa who have access to oral health services.

**DEFINITION**

Preventive dental care is defined based on code D1110 (adult prophylaxis).

**Numerator:**

Number of pregnant Medicaid recipients who delivered a live birth with a Medicaid claim for the live birth delivery and who received preventive dental care.

**Denominator:**

Number of pregnant Medicaid recipients who delivered a live birth with a Medicaid claim for the live birth delivery.

**Units:** 100 **Text:** Percent**HEALTHY PEOPLE 2010 OBJECTIVE**

No current 2010 objectives relate directly to dental services for pregnant women. The Oral Health objectives relate to adult oral health in general, though there is a proposed objective for 2020 to increase the proportion of pregnant women who receive dental care during their pregnancy.

There is another proposed objective for 2020 related to this measure to increase the proportion of dentists providing dental care to pregnant women.

**DATA SOURCES AND DATA ISSUES**

The matched data set comprised of Iowa resident live births matched to Medicaid paid claims for live birth delivery and preventive dental care

**SIGNIFICANCE**

A woman's oral health impacts pregnancy outcomes as well as the oral health of her infant. Diet and hormonal changes during pregnancy may increase the risk of gum disease and tooth decay. Bacteria associated with gum disease can spread to the body, triggering premature labor. In addition, bacteria that cause cavities may be passed from a mother's mouth to her baby's mouth, increasing the risk of cavities for that infant. Children whose mothers have poor oral health are 5 times more likely to have oral health problems than children whose mothers have good oral health. Low-income women are at particular risk of poor oral health. Women who participate in Medicaid are significantly less likely to visit the dentist before, during, and after pregnancy, compared to those with private insurance.

**PERFORMANCE MEASURE:** Percent of Medicaid enrolled children ages 0-5 years who receive a dental service.

**STATUS:** Active

**GOAL** Assure access to oral health care for low-income children in Iowa.

**DEFINITION** Children ages 0-5 who are enrolled in Medicaid, will have access to dental services

**Numerator:**  
Number of Medicaid enrolled children ages 0-5 who receive a dental service.

**Denominator:**  
Number of Medicaid enrolled children ages 0-5

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth. 21-2 Reduce the proportion of children, adolescents, and adults with untreated dental decay. 21-10 Increase the proportion of children and adults who use the oral health care system each year. 21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

**DATA SOURCES AND DATA ISSUES**

HCFA 4.16 Report

**SIGNIFICANCE**

Access to oral health care for children was rated within the top ten priorities of the 2005 Iowa Department of Public Health Maternal and Child Health Needs Assessment. Access to dental care for low-income families is limited due to a number of barriers. These include: lack of financial resources to pay for care, lack of knowledge of importance of good oral health, lack of dentists willing to see children under the age of three, shortage of dentists participating in the Medicaid program, shortage of dentists within the state, and issues of patient compliance.

<b>PERFORMANCE MEASURE:</b>	Rate of hospitalizations due to unintentional injuries among children ages 0-14 years.
<b>STATUS:</b>	Active
<b>GOAL</b>	Reduce the rate of hospitalizations due to unintentional injuries among children ages 0-14 (per 10,000) to 11.7 by 2015.
<b>DEFINITION</b>	<p>The number of children in Iowa ages 0-14 hospitalized due to unintentional injury divided by the number of children in Iowa ages 0-14; multiplied by 10,000</p> <p><b>Numerator:</b> The number of children in Iowa ages 0-14 hospitalized due to unintentional injury</p> <p><b>Denominator:</b> The number of children in Iowa ages 0-14</p> <p><b>Units:</b> 10000    <b>Text:</b> Rate</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	15-12 Reduce morbidity and mortality for injuries. 15-13 Reduce unintentional injury deaths. 15-14 Reduce nonfatal unintentional injuries.
<b>DATA SOURCES AND DATA ISSUES</b>	Hospital inpatient data from the Iowa Hospital Association; Most recent data available is that for 2008. During 2010, a baseline will be identified from 2009 data. The annual indicators for 2009 and 2010 reported above were determined through a trend projection formula. Targets for 2011-2015 were identified using this same process.
<b>SIGNIFICANCE</b>	Unintentional injuries are the leading cause of death for Iowans ages 1-34. Injuries lead to more than 17,000 hospitalizations and 250,000 emergency department visits each year in Iowa. Injury survivors may have their regular activities of daily living disrupted temporarily, or they may be permanently disabled. Because unintentional injuries are preventable, they lead to unnecessary medical costs, economic losses, reduced productivity, loss of ability to perform daily activities, reduced quality of life, and immense physical and emotional strain. 2008 data demonstrates that the three most frequent causes of hospitalization due to unintentional injury for children ages 0-14 are 1) scalding, 2) drowning, and 3) fire/flame.

